



PROVIDER PRE-ENROLLMENT Child and Adult Care Food Program

Sponsor: _____

	Provider (Last name first)	Facility License PV#	License Expiration Date	City Where Facility is Located
1				
2				
3				
4				
5				

Sponsor: _____ Sponsor: _____

SIGNATURE AND DATE

SIGNATURE AND DATE

(Use only if additional information was sent to State agency)

STATE AGENCY USE ONLY

☐ Each Provider listed is not currently on the State or National CACFP Disqualified List.

☐ All above are approved.

☐ Each facility is currently licensed.

☐ All but the following are approved:

☐ No facility listed is participating under more than one sponsor

Comment _____

State agency: SIGNATURE AND DATE _____

Additional Information Verified: _____

State agency: SIGNATURE AND DATE